

## Administration of Medication Form

<b>Authorisation</b>	of Med	ication									
Pupil's Name											
Reason for medication											
Name/ type of medication (as described on the container)											
Start date and duration											
Dosage and timings											
Parent/ Carer's Name											
Signature						Date					
Administration of Medication											
Date											
Time											
Signature/Initials											
Print Name											
Comments, ie. Full/part dose, reactions, parental acknowledgement											

Initial Review	Signature	Date				
Ongoing review	Signature	Date	Signature	Date	Date	
	Signature	Date	Signature	Date		